## N.J. Division of Fire Safety Office of the State Fire Marshal Fire Fatality Report Form

Rec'd by:	
Date Rec'd:_	
Time Rec'd:_	

Date of Incident:	Alarm Time (24 Hr):	Municipality:					
/ /	:						
Incident Address:	-				Z	lip:	
Fire Department Name:					F	FDID:	
				NFIRS Par	rticipant:		
						es No	
						NO	
Name:	Age:	Sex:	Male	Affiliation:			
			Female		Firefighter Other Emerg	gency Personnel	
Name:	Age:	Sex:	Male	Affiliation:		,	
			Female		Firefighter	gency Personnel	
Name:	Age:	Sex:	Male	Affiliation:		gency i ersonner	
			Female		Firefighter	D	
Name:	Age:	Sex:	Male	Affiliation:		gency Personnel	
ivanie.	Age.	Gex.	Female	Ailliation.	Firefighter		
		<del> </del>				gency Personnel	
Name:	Age:	Sex:	Male	Affiliation:	Civilian Firefighter		
			Female		-	gency Personnel	
Name:	Age:	Sex:	Male	Affiliation:			
			Female		Firefighter Other Emerg	gency Personnel	
Name:	Age:	Sex:	Male	Affiliation:	Civilian	,	
			Female		Firefighter	gency Personnel	
Name:	Age:	Sex:	Male	Affiliation:		gency i ersonner	
			Female		Firefighter		
					Other Emerg	gency Personnel	
Cause of Fire:		Type of Occupancy:					
F			Room of Origin:				
Detector Present: Yes		Detector Operate: Yes					
Reporting Agency:	No	Name:		No		Phone	
Reporting Agency.		ivaille.			ľ	none	
Remarks:		_1					